	1
ARIZONA STAT	E BOARD OF HEALTH State File No. 1/1/
1 PLACE OF RIPTH	F VITAL STATISTICS
M. V .	D i and a
County / C	State Wyona.
District or Township	or Village
City Mamu No. 48	occurred in a hospital or institution, give its NAME instead of street and number
2. Full name of child Jomasa Corone	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or o	other 6. Legitimate?
female in event of plural 5. No., in order of b	irth 40 7. Dute of birth Left. 14-1921 Month Day Year
8. FATHER	14. () MOTHER
Pull name Francisco Coronel	Full maiden name augustina Maurisio
9. Residence (Usual place of abode) Wiami,	15. Residence (Usual place of abode) Miami,
If non-resident, give place and state. Wyona.	If non-resident, give place and state. Wyona.
10. Color or race	16. Color or race
MU. 11. Age at last birthday 28 (Ye	ars) M. 17. Age at last hirthday 25 (Years)
O. a. taga	200000
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of Industry	Nature of industry
20. Number of children of this mother	ve and now living 3 21. Were precautions taken against oph-
, (a) Dorn an	ve but now dead 0 thalmia neonatorum?
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE.
I hereby certify that I attended the birth of this child, who was	(Born alive or stillborn.)
When there was no attending physician or midwife, then the father, householder,	gril. M. Loron M. W.
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after hirth.	Physician
Given name added from a supplemental report Addre	sa Miami, arisona
Month, day, year	hell 20 29 lb 5 Juin
Registrar Filed	Registrar
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